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APPLICANTS

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** CONTINUING DATA *****

NONE *DR*

** FOREIGN APPLICATIONS *****

NONE *DR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verifier and Acknowledged	Examiner's Signature	Initials	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
							VT	5	48	5

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TITLE

LIGHT SCATTERING EUVL MASK

FILING FEE RECEIVED 1446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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